



CONSULTING

GVNW CONSULTING, INC.
2270 LaMontana Way, Suite 200
Colorado Springs, CO 80918
(719) 594-5800 (Tel.)
(719) 594-5803 (Fax)
www.gvnw.com

Via ECFS

June 30, 2015

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 Twelfth Street S.W.
Washington, D.C. 20554

RE: Hardy Telecommunications, Inc. (CLEC) FCC Form 481 submittal – Program Year 2016

Dear Ms. Dortch,

Hardy Telecommunications Inc. (SAC 209009) hereby submits the attached “FCC Form 481 – Carrier Annual Reporting Data Collection” pursuant to sections §54.313 and §54.422 of the Commission’s rules, as filed with the Universal Service Administrative Company.

Please contact me with any questions you have on this filing.

Sincerely,

Andy Schein
Sr. Consultant
GVNW Consulting, Inc.
(719) 594-5820
aschein@gvnw.com

Enclosures

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0985/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Jennifer Frye
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3048579911 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jfrye@hardynet.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice) 0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		
<410>	Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)	<input type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	209009WV510.pdf (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	209009WV610.pdf (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> (if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification Yes <input type="checkbox"/> (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	209009WV1010.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Frye
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jfrye@hardynet.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Frye
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jfrye@hardynet.com

[illegible]

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Frye
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jfrye@hardynet.com

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Frye
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jfrye@hardynet.com

[illegible]

(800) Operating Companies Data Collection Form	FCC Form 483 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Frye
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jfrye@hardynet.com
<810>	Reporting Carrier	Hardy Telecommunications, Inc
<811>	Holding Company	Hardy Telecommunications, Inc.
<812>	Operating Company	Hardy Telecommunications, Inc

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Frye
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jfrye@hardynet.com

<910> Tribal Land(s) on which ETC Serves

--

<920> Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Frye
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jfrye@hardynet.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Frye
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jfrye@hardynet.com

209009WV1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.hardynet.net/telephone-service/residential-telephone/lifeline-linkup/>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Frye
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jrye@hardynet.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
 <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
 <2011b> Attachment {47 CFR § 54.313(b)(1)iii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
 <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
 <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
 <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

--

- <2021> Interim Progress Community Anchor Institutions

--

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3050-0986/OMB Control No. 3050-0819

July 2013

<010> Study Area Code	209009
<015> Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Jennifer Frye
<035> Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jfrye@hardynet.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification [47 CFR § 54.313(f)(1)(i)]

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions [47 CFR § 54.313(f)(1)(ii)]

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier [47 CFR § 54.313(f)(2)]
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒
(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐

- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☐ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3050-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	209009
<015> Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Jennifer Frye
<035> Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jfrye@hardynet.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	209009
<015> Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Jennifer Frye
<035> Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jfrye@hardynet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: HARDY TELECOMMUNICATIONS, INC.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/30/2015
Printed name of Authorized Officer: David Sherman	
Title or position of Authorized Officer: GM & CEO	
Telephone number of Authorized Officer: 3048979911 ext.	
Study Area Code of Reporting Carrier: 209009	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 491
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	209009
<015> Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Jennifer Frye
<035> Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jfrye@hardynet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



[USAC Home](#) | [High Cost Program](#) | [Search Tools](#) | [Form 481](#)

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Tue 30 Jun 15 11:24:36 AM EDT by ssherman@hardynet.com .

SAC : 209009

SPIN : 143028655

Carrier Name : HARDY TELECOMMUNICATIONS, INC.

Program Year : 2016

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

[Return to 481 Search](#) [Print Confirmation Page](#)

Attachments

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	209009
-------	-----------------	--------

<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
-------	-----------------	--------------------------------

<020>	Program Year	2016
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Frye
-------	---	---------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
-------	---	-----------------

<039> Contact Email Address - Email Address of person identified in data line <030> jfrve@hardynet.com

<701> Residential Local Service Charge Effective Date

1/1/2015

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	209009
<015>	Study Area Name	HARDY TELECOMMUNICATIONS, INC.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jennifer Frye
<035>	Contact Telephone Number - Number of person identified in data line <030>	3048979911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jfrye@hardynet.com

<810>	Reporting Carrier	Hardy Telecommunications, Inc
<811>	Holding Company	Hardy Telecommunications, Inc.
<812>	Operating Company	Hardy Telecommunications, Inc

<813>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation

Hardy Telecommunications, Inc. - ILEC
HardyNet, LLC

Line 510 - Service Quality Standards & Consumer Protection Rules Compliance:

Consumer Protection

Voice and Broadband

Hardy Telecommunications (Hardy) complies with the requirements of 47CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag Rules to prevent identity theft. A manual for each of those programs is in place and is part of the employees' handbook. Employee and Board of Directors training is conducted annually and new hires are instructed on the programs as required by their job functions.

Service Quality Standards

Voice

The Company complies with the service quality standards and consumer protection rules set forth by the West Virginia Public Service Commission, and within its rules and regulations as it relates to Service Quality Standards and Consumer Protection Rules. Hardy is committed to providing the highest quality service to its customers.

Broadband

Hardy generally follows the service standards noted in NECA Tariff #5 and is committed to provide the highest quality service to its broadband customers.

Line 610 - Emergency Operations Functionality & Capability

The Company prides itself on updating and maintaining all of its plant and equipment to prevent outages before they happen. If outages do occur, the Company has a 24-hour/7 days-a-week on call staff and alarm reporting systems in place that send the necessary notifications to the 24-hour/7 days-a-week personnel monitoring these systems. The Company certifies that it follows best practices that are designed to allow them to remain functional in an emergency situation through the use of back-up power to ensure functionality.

Absent catastrophic failure of the network or elements of it, the Company has the capability to engage in some re-routing of traffic based on what facilities are damaged. While the Company has engineered its network based on accepted industry engineering practices, changing call routing may, to some extent, permit the Company to manage traffic patterns throughout its network during emergency situations.

The Company performs exercises to test disaster preparedness on each site's back-up power systems and they are tested weekly. Major transport facilities are also tested periodically to ensure failover reliability.

The company provides the following information regarding its central office back-up battery and generator capability during electricity failures within its operating areas. The company has deployed battery back-up power in its central office that will produce an estimated twenty(20) hours of back-up power for the Company's central office. The initiation of the Company's battery back-up capability is triggered instantaneously of the network identifying the existence of a loss of power.

The Company also has a back-up gas generator that is available at its central office should it be necessary. The generator would provide an additional 100 hours of back-up power capability based on fuel capacity. Assuming the availability of fuel at the locations, the generator would provide sufficient power to operate even longer absent some unforeseen breakdown of it. Based on current contingency preparation plans, the Company estimates that the necessary generator-provided back-up power capability can be deployed and functioning within a minute of the identification of its need, well within the time frame of the estimated battery power back-up capability possessed by the Company. In addition, the Company has two portable generators that can be moved to the necessary site(s) to recharge batteries at the site(s).

Voice Service Rate Comparability

As evidenced by the data provided in line 700 of this form 481, the Company's voice service pricing is no more than two standard deviations above the national average urban rate (\$47.48) as announced by the Wireline Competition Bureau on April 16, 2015 (DA 15-470)

**Lifeline Certification, Verification, and Confirmation for Determining Initial and Continuing Eligibility of
Consumers for USF Supported Lifeline Services**

General Assertion/Certification:

The Company has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services. The Company has instituted certification and verification procedures in accordance with Section 54.416 of the rules of the Federal Communications Commission (the "FCC"). Specifically, the Company refers to any and all consumers who request USF supported services from Hardy Telecommunications to the West Virginia Department of Health and Human Resources for proper confirmation and documentation of eligibility. Hardy Telecommunications proceeds with instituting such services after the proper documentation of eligibility from the DHHR is received from the consumer.

In addition, as required by Section 54.410 of the FCC's rules, the Company obtains a valid certification form for each subscriber for whom the Company will be seeking Lifeline reimbursement. A copy of the Company's "Annual Lifeline Certification and Verification" form has been attached to the Company's submission in response to the May 1, 2012 "Commission Order" in the above referenced proceeding.

Based on the foregoing, my knowledge, information and belief, I hereby certify that the Company has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services, that the Company is in compliance with all federal Lifeline certification procedures, and that the Company has obtained a valid certification form for each subscriber for whom the carrier seeks Lifeline reimbursement.

Scott Sherman, General Manager and CEO of Hardy Telecommunications, Inc. and its Operating Companies

Table of Contents for Additional Supporting Documents:

- Lifeline Assistance (Guideline for Customers)
- Lifeline Assistance Certifications
- Lifeline Assistance Tariff as Currently Filed and on record with the West Virginia Public Service Commission
- Website link regarding Company's Lifeline Assistance Program:
<http://www.hardynet.net/telephone-service/residential-telephone/lifeline-linkup/>

LIFELINE ASSISTANCE

1. Lifeline Assistance consists of a credit in the amount of \$9.25 on eligible customer's bills.
2. The Lifeline discount can apply to ANY residential service plans that provide voice telephony service.
 - Partial payments will first be applied to pay down the allocated price for Lifeline voice services.
3. In order to be eligible to receive Lifeline Assistance, the customer must certify that s/he participates in one of the following:
 - Medicaid
 - Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps
 - Supplemental Security Income (SSI)
 - Federal Public Housing Assistance
 - Low Income Home Energy Assistance Program (LIHEAP)
 - National School Lunch Program's Free Lunch Program
 - Temporary Assistance for Needy Families (TANF)
 - Income is at/below 135% of the Federal Poverty Guidelines
4. If the customer claims to qualify based on income, s/he must present acceptable documentation of the household income. Acceptable documentation includes: the prior year's tax return, current income statement from an employer or paycheck stub, a Social Security statement of benefits, a Veterans Administration statement of benefits, a retirement/pension statement of benefits, an Unemployment/Workmen's Compensation statement of benefits, federal or tribal notice letter of participation in General Assistance, a divorce decree, child support, or other official document.
5. If the customer presents documentation of income that does not cover a full year (e.g., pay stubs), the customer must present **three** consecutive months worth of the same document.
6. Customer must fill out the attached Lifeline Assistance Certification. Once the form is complete, you must print your name and sign at the appropriate places on the form.
7. Make a copy of the form and give the customer a copy. The original is to be kept in a file.
8. A service deposit cannot be collected on an eligible customer.

LIFELINE ASSISTANCE CERTIFICATION

I hereby certify, under penalty of perjury, that I am eligible to receive Lifeline Assistance for the following reason(s): *(Please check all that apply)*

- ☐ Medicaid
- ☐ Food Stamps
- ☐ Supplemental Security Income (SSI)
- ☐ Federal Public Housing Assistance
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ National School Lunch Program's Free Lunch Program
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Income is at/below 135% of the Federal Poverty Guidelines

I also certify, under penalty of perjury, the following:

- ☐ Number of Individual's in my household
- ☐ Date of birth
- ☐ Last four (4) digits of my Social Security Number
- ☐ Household meets the Income requirements
- ☐ Presented documentation of income accurately represents the household income

I further acknowledge, under penalty of perjury, the following requirements: *(Please acknowledge by initialing each)*

- ☐ Lifeline is a federal benefit and is available for only ONE line per household.
- ☐ Violation of the one-per-household requirement would constitute a violation of the Commission's rules and would result in subscriber's de-enrollment from the Lifeline program, and potentially prosecution by the United States government.
- ☐ Lifeline service is a non-transferrable benefit.
- ☐ Will notify Hardy Telecommunications, Inc. within 30 days when I am no longer eligible for Lifeline services; or, am receiving more than one Lifeline-supported service.
- ☐ Information in applications is true and correct to the best of my knowledge. False or fraudulent information is punishable by fine or imprisonment.

Customer Signature

Customer Name

Date

Hardy Employee Name

NETWORK ACCESS LINE SERVICE

LIFELINE ASSISTANCE

The Company, as part of its obligations as an Eligible Telecommunications Carrier, offers the Lifeline Assistance Program to eligible low-income subscribers. Lifeline Assistance is offered under the terms and conditions provided below:

1. Lifeline Assistance

a. General

Lifeline Assistance is a federal program offering a discount to qualifying low-income subscribers, as provided for below. Lifeline Assistance provides eligible subscribers a discount for the following package of services: voice-grade access to the public switched network or functional equivalent; minutes of use for local service; access to E-911 services; and, toll limitation service at no charge.

b. Regulations

- 1) Unless other eligibility requirements are established by the Commission, Lifeline Assistance is available to all subscribers who participate in one of the following programs: Medicaid; Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps; Supplemental Security Income (SSI); Federal Public Housing Assistance; Low-Income Home Energy Assistance Program (LIHEAP); National School Lunch Program's free lunch program; and, Temporary Assistance for Needy Families (TANF).
- 2) Each subscriber to Lifeline Assistance must certify in writing to the Company, under penalty of perjury, that s/he receives benefits under a program outlined in sub-paragraph (b) (1), above, and must, on that same document, agree to notify the Company if s/he ceases to participate in the program(s). The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service Administrators.

NETWORK ACCESS LINE SERVICE

LIFELINE ASSISTANCE/LINK UP (cont'd.)

1. Lifeline Assistance (cont'd.)

b. Regulations (cont'd.)

D

- 3) A subscriber may elect at the time of subscription or later to Lifeline Assistance to receive toll limitation as part of Lifeline Assistance. "Toll limitation" is a service that allows a subscriber to elect not to allow the completion of outgoing toll calls from the subscriber's residence.
- 4) Lifeline Assistance will not be disconnected for non-payment of toll charges, unless the Company first obtains a waiver from the Commission that the Company would otherwise incur substantial costs, that the Company offers toll limitation without charge, and that telephone subscribership among low-income subscribers in the Company's service area is greater than or equal to the national subscribership rate for low-income consumers. For purposes of this paragraph, a "low-income consumer" is one with an income below the poverty level for a family of four residing in West Virginia. The Company shall follow all applicable notice provisions as established, from time to time, by the Commission, as part of using a waiver, if granted. The Company may apply for waivers as necessary.
- 5) The Company may not collect a service deposit in order to initiate Lifeline Assistance if the qualifying low-income subscriber voluntarily elects toll limitation from the Company.
- 6) Eligibility for Lifeline service shall be subject to initial and continuing verification by the local WV Department of Health and Human Resources.

S

- c. Lifeline Assistance provides a discount to the subscriber's monthly local telephone service. The discount is only available for one telephony service per household. The flat-rate discount available per month is \$9.25.

C
|
C

NETWORK ACCESS LINE SERVICE

LIFELINE ASSISTANCE/LINK UP (cont'd.)

1. Lifeline Assistance (cont'd.)

- d. The Company shall apply the baseline payments received by the administrator of the Federal Lifeline Assistance program to waive the qualifying customer's federal End-User Common Line Charge. The Company shall apply any additional Federal support amount to the qualifying subscriber's basic local exchange service rate.

D

- e. Partial payments that are received from Lifeline customers shall first be applied to local service charges and then to any outstanding toll charges.

2. Link Up

D